

WHAT WE'RE ASKING YOU TO DO --

- Please try to answer every question (except those we ask you to skip). If you can't remember or aren't sure, do the best you can.
- You can answer most questions by checking one box or by writing in a word or phrase. Never check more than one box UNLESS THE INSTRUCTIONS SAY TO "*CHECK ALL THAT APPLY.*"
- Please **do not** discuss the questions with fellow workers, friends or relatives. We want to get an accurate picture of **your** experience -- not the ideas of other people who are not part of our study.
- Please read all directions carefully -- *ESPECIALLY THOSE IN ITALICS, LIKE THIS.*
- Please do NOT write your name anywhere on the questionnaire. The number on the cover will tell us which questionnaires have been returned and who needs reminder letters or phone calls. But no one will know who said what.

THANKS VERY MUCH FOR YOUR COOPERATION.

1. Would you say your health in general is excellent, very good, good, fair, or poor?

¹ Excellent ² Very good ³ Good ⁴ Fair ⁵ Poor

IMPORTANT!!!

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Many of the following questions ask about the health care you received AFTER your work-related injury/Workers' Compensation claim. If you've had more than one work-related injury, ANSWER ONLY ABOUT YOUR EXPERIENCES SINCE YOUR MOST RECENT WORKERS' COMPENSATION CLAIM.

2. When were you injured? PLEASE ENTER MONTH AND YEAR.

IF YOUR INJURY WAS ONE THAT DEVELOPED OVER SEVERAL MONTHS, PLEASE ENTER THE MONTH IN WHICH YOU FILED YOUR CLAIM.

I was injured in _____, 19_____
(month) (year)

3. A. Which **parts of your body** were injured? *PLEASE CHECK ALL THAT APPLY.*

- | | | | |
|--------------|--------------------------------------|--------------|---------------------------------|
| ¹ | Back or neck | ¹ | Skin |
| ¹ | Hand, arm, wrist, shoulder or finger | ¹ | Eye |
| ¹ | Leg or foot | ¹ | Emotional or mental stress |
| ¹ | Head | ¹ | Other (<i>PLEASE DESCRIBE:</i> |
| | | | _____) |

B. Which of the following best describes this injury? *PLEASE CHECK ALL THAT APPLY.*

- ¹ A sprain, strain, other injury to muscle or joint
- ¹ A broken bone
- ¹ A skin rash
- ¹ A scrape or cut
- ¹ An eye injury
- ¹ Nerve damage (such as carpal tunnel, sciatica, etc.)
- ¹ A burn
- ¹ Heart or lung disease
- ¹ Exposure to chemicals or toxic materials
- ¹ Emotional or mental stress
- ¹ Some other kind of injury (*PLEASE DESCRIBE:* _____)

4. How does your health now compare to what it was before your injury?

- ¹ Much better now than before the injury
- ² A little better now than before the injury
- ³ About the same
- ⁴ A little worse now than before the injury
- ⁵ Much worse now than before the injury

5. How much does this injury affect your life **today**?

- ¹ Has a big effect now
- ² Has some effect
- ³ Has very little effect
- ⁴ Has no effect now

6. Which of the following best describes how you feel about your recovery?

- ¹ I'm fully recovered, back to feeling the way I did before the injury
- ² I've recovered some, but there's still room for improvement
- ³ There's been no improvement in my condition since I was first injured

7. A. During the last four weeks, how much difficulty have you had lifting or carrying a full bag of groceries or something else that weighs about 10 pounds?

- ¹ A lot of difficulty
↓
- ² Some difficulty
↓
- ³ A little difficulty
↓
- ⁴ No difficulty at all
↓
SKIP TO QUESTION 8

B. Did you have difficulty with that (in the last four weeks) because of your injury or because of some other reason?

- ¹ Because of injury
- ² Because of some other reason
- ³ Both because of injury and another reason

8. A. During the last four weeks, how much difficulty have you had climbing a flight of stairs?

- ¹ A lot of difficulty
↓
- ² Some difficulty
↓
- ³ A little difficulty
↓
- ⁴ No difficulty at all
↓
SKIP TO QUESTION 9

B. Did you have difficulty with that (in the last four weeks) because of your injury or because of some other reason?

- ¹ Because of injury
- ² Because of some other reason
- ³ Both because of injury and another reason

9. A. During the last four weeks, how much difficulty have you had opening jars, using keys, or handling other objects?

- ¹ A lot of difficulty
↓
- ² Some difficulty
↓
- ³ A little difficulty
↓
- ⁴ No difficulty at all
↓
SKIP TO QUESTION 10

B. Did you have difficulty with that (in the last four weeks) because of your injury or because of some other reason?

- 1 Because of injury 2 Because of some other reason 3 Both because of injury and another reason

10. Now think about how you've felt during the last four weeks.

A. During the last four weeks, how often did you have any bodily pain due to your injury?

- 1 All the time, constantly
↓
2 Almost every day, but not constantly
↓
3 Several times a week
↓
4 Once in a while
↓
5 Not at all during the last 4 weeks
↓
SKIP TO QUESTION 12 ON PAGE 5

B. During the last four weeks, how severe was your bodily pain from your injury?

- 1 Very severe 2 Fairly severe 3 Fairly mild 4 Very mild

C. And during the last four weeks, how often -- if ever -- did any pain caused by your injury interfere with your work life?

1 All of the time 2 Much of the time 3 Some of the time 4 None of the time

11. How helpful have the doctors and other health care professionals been in managing and dealing with your pain during the last four weeks?

- 1 Very helpful

2 Somewhat helpful

3 Not too helpful

4 Not at all helpful

5 I have not seen a doctor or health care professional in
the last 4 weeks

12. During the last four weeks, how much difficulty have you had accomplishing everything you would like to get done because of emotional problems (such as feeling depressed or anxious)?

1 A lot of difficulty 2 Some difficulty 3 A little difficulty 4 No difficulty at all

13. During the last four weeks, how much difficulty have you had making more mistakes than usual (because of emotional problems)?

1 A lot of difficulty 2 Some difficulty 3 A little difficulty 4 No difficulty at all

14. Now think back to when you were first injured. When did you first tell your employer about your injury?

1 **Before** I went for medical care for the injury 2 **After** I went for medical care for the injury 3 **Never** told my employer about it

15. How much trouble -- if any -- did you have getting medical care when you were first injured?

1 A lot of trouble 2 Some trouble 3 Very little trouble 4 No trouble at all

16. At the time you were injured, were you covered by any kind of health insurance plan that pays any part of hospital or doctor bills -- **not counting Workers' Compensation?**

1 Yes 2 No

- 17.A. Thinking back to the very first time you went to any doctor for this injury, how soon after your injury did you see a doctor about it? *PLEASE FILL IN ONE BLANK, DEPENDING ON HOW SOON YOU SAW A DOCTOR.*

About _____ hours OR _____ days OR _____ weeks after the injury

- B. Where did you see the doctor on this first visit ?

- 1 Medical office at your workplace
- 2 At a private doctor's office
- 3 At a clinic
- 4 At an emergency room
- 5 At another kind of place (*PLEASE DESCRIBE:* _____
_____)

18. Thinking of **all the medical care** you've received for this work related injury since you were first injured, please answer the following.

- A. How many different doctors or health care professionals (including physical therapists, chiropractors, and others who provided treatment) have you seen or been treated by for this injury?

1 Only one 2 2 - 4 3 5 - 8 4 9 or more

- B. About how many visits have you made to doctors and other health care professionals for this injury? (Please do not include visits to laboratories for things like blood work or X-rays.)

1 Only one 2 3 to 9 visits 3 10 to 24 visits 4 25 or more visits

19. A. Taking everything into consideration, how satisfied are you with the health care you received for this injury?

1 Very satisfied 2 Somewhat dissatisfied 3 Somewhat dissatisfied 4 Very dissatisfied

B. How satisfied are you with the number of doctors or other health care professionals you could choose from for the treatment of this injury?

1 Very satisfied 2 Somewhat dissatisfied 3 Somewhat dissatisfied 4 Very dissatisfied

20. A. How much were you involved in decisions about your medical care?

1 A lot 2 Some 3 Very little 4 Not at all

B. Did the doctors or health care professionals suggest any changes in your job -- or in the way you do your job -- to help you get better after your injury?

1 Yes 2 No

C. Did they tell you how to avoid re-injuring yourself at work?

1 Yes 2 No

D. Did they tell you what work restrictions or changes in the job you needed in order to continue working or return to work?

1 Yes 2 No 3 They told me no restrictions were necessary

21. A. How much did the doctors and health care professionals you saw involve you in decisions about going back to work?

missed 1 A lot 2 Some 3 Very little 4 Not at all 5 I never any work

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GO TO QUESTION 22

B. Did they talk to you about when you could return to work?

1

Yes 2

No

22. The questions below are about the one doctor (for example MD, Physician, Chiropractor) who was most involved in treating you for this work-related injury. Please do not include physical therapists or nurses who may have helped you. If you saw two or more doctors, please answer only about the one most involved with your care.

A. Who told you to see this doctor ? *PLEASE CHECK ONLY ONE.*

1 Someone from the insurance company told me to see him or her

2 My employer told me to see him or her

3 My lawyer told me who to see

4 The union representative told me who to see

5 Another doctor told me who to see

6 No one told me, I found this doctor on my own or
he/she was my
family doctor

7 I learned about this doctor in some other way
(PLEASE DESCRIBE: _____)

B. How much did this doctor talk to you about your job and what you actually do at work?

1 A lot

2 Some

3 A little

4 Not at all

C. How well did this doctor seem to understand the kinds of things you do on your job?

1 Very well

2 Fairly well

3 Not too well

4 Not at all

D. How well did this doctor seem to understand how the injury would affect your ability to do your job?

1 Very well 2 Fairly well 3 Not too well 4 Not at all

23. A. Now think about the one doctor or other health care professional who provided most of the care or treatment you received for this injury. What kind of health care professional was this person? *PLEASE CHECK ONLY ONE BOX FOR THE TYPE OF HEALTH CARE PROFESSIONAL WHO PROVIDED MOST OF YOUR CARE OR TREATMENT.*

- 1 Medical Doctor (M.D.)
 2 Chiropractor
 3 Physician Assistant or Nurse Practitioner
 4 Physical Therapist
 5 Some other type of health care professional (*PLEASE DESCRIBE:* _____)
 6 I'm not certain what type of health care professional he/she is

B. How do you feel about the care you received from this person (the doctor or other health care professional from whom you received most of your care)?

How would you rate each of the following? *PLEASE CHECK ONE ANSWER FOR EACH.*

Excellent Very Good Good Fair Poor

- (1) How good a job he/she did in listening to you
- (2) The courtesy and respect he/she showed you
- (3) How good a job he/she did in explaining things so

you could understand

- (4) How thorough and careful the exams and treatments were
- (5) His/Her ability to figure out what was wrong and what needed to be done
- (6) How well he/ she understood how the injury would effect your ability to do your job?

24. Now, think back to your **most recent visit** to this doctor or other health care professional. Once you arrived at the office for your appointment, how long did you have to wait (in the waiting room and the examination room) before the doctor saw you?

1 There was no wait. He/she saw me immediately

2 I had to wait for less than a half hour

3 I had to wait for at least a half hour, but less than one hour

4 I had to wait for an hour or longer

25. Did you use any sick leave or vacation leave to cover the time you lost at work because of your injury?

1 Yes (HOW MANY DAYS? _____ days)

2 No, none

GO ON TO NEXT PAGE

26. These next questions are about your work. What was your main job at the time of your injury? Please look over the following list of occupations and check the one that best describes what you did at that time.
- 1 Administrative support occupations such as office worker, computer operator, telephone operator, insurance adjuster, etc.
 - 2 Service occupations such as restaurant worker, police officer, security guard, waiter, dental assistant, janitor, hairdresser, etc.
 - 3 Laborers, handlers, and helpers such as construction laborer, service station attendant, garbage collector, etc.
 - 4 Craft, precision production, and repair occupations such as mechanic, machinery repairer, line installer, locksmith, pipe fitter, carpenter, plumber, machinist, butcher, power plant operator, printer, welder, etc.
 - 5 Sales occupations such as sales person, real estate agent, cashier, etc.
 - 6 Technicians and related support occupations such as computer programmer, lab technician, dental hygienist, licensed vocational nurse, technician, etc.
 - 7 Transportation and material moving occupations such as truck driver, heavy equipment operator, etc.
 - 8 Farming, forestry and fishing occupations such as farm worker, gardener, animal caretaker, etc.
 - 9 Professional occupations such as lawyer, engineer, architect, physician, therapist, teacher, photographer, social worker, probation officer, etc.
 - 10 High level executive or administrator such as legislator, financial manager, postmaster, funeral director, purchasing agent, etc.
 - 11 Military occupations such as commissioned officers and enlisted personnel

12 Other kind of work (PLEASE DESCRIBE CLEARLY:

_____)

27. Thinking back to the job you had just **before** you were injured, how satisfied or dissatisfied were you with that job at that time?

1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied

28. Thinking back to just **before** your injury, how would you rate your relationship with your immediate supervisor at that time?

1 Excellent 2 Good 3 Fair 4 Poor

29. A. Have you worked for pay at a regular job (either for the employer you were working for at the time you were injured or a different employer) at any time since your injury?

1 Yes, I never missed any work because of my injury PLEASE GO TO QUESTION 31A
ON PG.13

2 Yes, I was off work for a while, but have worked since my injury

3 No, I haven't gone back to work PLEASE SKIP TO QUESTION 34 ON PG.14

B. When did you first go back to work (after your injury)? In what month and year?

_____, 19_____
 (month) (year)

C. How do you feel about the timing of when you went back to work? Would you say you _____ went back to work.

1 Too soon after your injury

2 At about the right time, or

3 Could have gone back earlier

D. Since you first went back to work, how many days, if any, did you miss time at work because of your injury – not counting time missed for medical appointments?

1 None 2 1 or 2 day 3 3 or 4 days 4 5 to 9 days
5 10 or more days

30. A. When you first went back to work (after your injury), did you go back to work for the sample employer or a different employer?

1 Same employer

2 Different employer



PLEASE GO TO QUESTION 31

B. Why didn't you go back to that employer--- the one you were working for at the time you were injured?

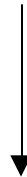
Was it because:

1 That employer didn't have a job for you

2 Because you didn't want to go back to work for that employer, or

3 Because of some other reason

(PLEASE DESCRIBE: _____)



PLEASE GO TO QUESTION 32

31. A. How helpful was your employer in helping you to return to work?

1 Very helpful

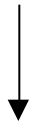
2 Somewhat helpful

3 Not too helpful

4 Not at all helpful

- B. Was your job or duties or hours changed or modified in any way to help you return to work after your injury?

1 Yes



2 No



PLEASE GO TO QUESTION 32

- C. How satisfied or dissatisfied are you with how your job was changed or modified?

1

4 Very
satisfied

Very

satisfied

2

Somewhat

dissatisfied

3 Somewhat

dissatisfied

32. Have you worked at a job for pay at any time in the last four weeks?

1 Yes

2

No



PLEASE GO TO QUESTION 34

33. A. In the last four weeks, how much difficulty, if any, have you had performing your work because of your injury?

1

A lot

of difficulty

2

Some

difficulty

3

A little

difficulty

4

No difficulty

at all

- B. In the last four weeks, how much has your injury limited the kind of work you can do?

1

Limited it
a lot

2

Limited it
some

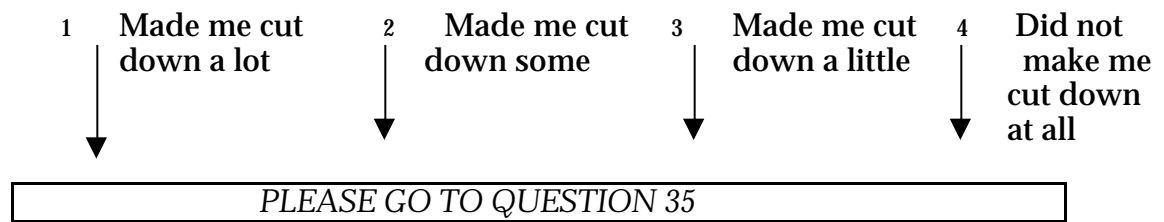
3

Limited it
a little

4

Did not limit
it at all

- C. In the last four weeks, how much have you had to cut down on the number of hours you worked because of your injury?



34. What is the main reason you are not working now?

- 1 **Because of my work injury**
- 2 **Because of a different health problem**
- 3 **Quit**
- 4 **Laid off or fired**
- 5 **Some other reason (PLEASE**
DESCRIBE: _____

35. Overall how satisfied are you with how your Workers' Compensation claim was handled?

- 1 Very satisfied 2 Somewhat dissatisfied 3 Somewhat dissatisfied 4 Very
dissatisfied

36. Are you currently a member of a labor union?

- 1 Yes 2 No**

37. Did you hire an attorney to represent you for this claim?

- 1 Yes**
- 2 No**

For statistical purposes we have a few background questions about you.

38. Are you male or female?

- 1 Male 2 Female

39. How old are you today?

- 1 Under 18
- 2 18 - 29
- 3 30 - 39
- 4 40 - 49
- 5 50 - 59
- 6 60 or older

40. What is your current marital status?

- 1 Married or living with a partner
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married

41. What is your race or ethnic group?

- 1 Asian or Asian American
- 2 African American or Black
- 3 Latino, Hispanic, Mexican American, Chicano, or of other Spanish heritage
- 4 Native American Indian
- 5 White or Caucasian
- 6 Other (PLEASE DESCRIBE:_____)

42. A. What language did you usually speak at home when you were a child?

- 1 English → PLEASE SKIP TO QUESTION 43
- 2 Spanish
- 3 Some other language (PLEASE DESCRIBE:_____)

B. How well do you speak English?

- 1 Very well
all 2 Fairly well 3 Not too well 4 Not well at all

43. What is the highest grade of school or level of education you have completed?

- 1 Less than high school
2 Some high school, but not a high school graduate
3 High school graduate or GED
4 Some college (no degree)
5 Two year college degree (AA, AS)
6 Four year college degree (BS, BA, etc.)
7 Graduate work beyond a bachelor's degree

44. What was your total household income, before taxes, in 1997. Please include all sources such as wages and salaries, income from investments or your own business, Workers' Compensation payments, Social Security, SSI as well as any other sources.

- | | | |
|--------------------------|--------------------------|--------------------------|
| 1 Less than \$5,000 | 4 \$15,000 - \$24,999 | 7 \$50,000 - \$74,999 |
| 2 \$5,000 - \$9,999 | 5 \$25,000 - \$34,999 | 8 \$75,000 - \$99,999 |
| 3 \$10,000 - \$14,999 | 6 \$35,000 - \$49,999 | 9 \$100,000 or more |

45. Is there anything else you think we should know about the medical care you received for your injury? Use the space below to make your comments

Please put your completed questionnaire in the postage-paid envelope provided. It is pre-addressed so you may just drop it in the mail.

Thank you very much for your help.